Comparative POC PRINTED: 03/14/2012 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B. WNG 02/28/2012 445494 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7824 RHEA COUNTY HWY LIFE CARE CENTER OF RHEA COUNTY à DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) This plan of correction is the facility's Credible allegation of compliance. K 000 INITIAL COMMENTS Preparation and/or execution of this Plan of correction does not constitute Admission or agreement by the provider This Comparative Federal Life Safety Code Of the truths or facts alleged or (L\$C) Survey was conducted on February 28, Conclusions set forth in the statement 2012. It was conducted as per the requirements Of deficiencies. The plan of correction of the Federal Register at 42CFR 483.70 (a) Is prepared and/or executed solely because It is required by the provisions of federal using the existing Health Care Section of the And state law. 2000 edition of the LSC and its referenced What corrective action will be publications. This building was Type II (000), Accomplished for those residents partially sprinklered and housed 89 beds. On the found to have been affected day of survey, census was 83. By the deficient practice? The deficiencies determined during the survey A contract vendor added flame retardant are as follows: (F-1) paint, and approved covering to the K 012 NF#A 101 LIFE SAFETY CODE STANDARD Existing overhang located at the front K 012 Entrance on 3/23/12. The structure SS=D 3/23/12 Will be made of a fully protected type Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, Of construction. 19.3.5.1 How will you identify other residents Having the potential to be affected by the same deficient practice? The Director of Maintenance confirmed This STANDARD is not met as evidenced by: On 3/16/12 that no other overhangs are Based upon observation and staff interview Located on the facility premises. The 3/23/12 Existing overhang will be made of a fully during the survey, it was determined that the Protected type of construction by 3/23/12. facility failed to provide a fully protected type of construction in the building. The findings What measures will be put into place or included: What systematic changes will you make to ensure that the deficient practice will Approximately at 3:15 PM, it was observed that not recur? 24'\*20' combustible overhang located at the front entrance did not have sprinkler coverage. This The Director of Maintenance will complete deficient practice affected 4 people. A review of the existing overhang located at The front entrance monthly to determine that 3/23/12 The construction type and height remains fully This was verified with a member of the Protected. maintenance staff at the time of discovery... K 052 NERA 101 LIFE SAFETY CODE STANDARD K 052 (XS) DATE TITLE LABORATORY DIRECTION'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 31201 Any deficiency statement ending with accepterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation If continuation sheet Page 1 of 4

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/08/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEF			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION  3 01 - MAIN BUILDING 01	COMPLETED		
			445494	B. WI	NG		02/28	/2012	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE 7824 RHEA COUNTY HWY DAYTON, TN 37321									
(X4) ID PREFIX TAG		VEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ıx	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 000	Th (LS	C) Survey was	Federal Life Safety Code conducted on February 28, acted as per the requirements	К	000				
	using the existing 2000 edition of the publications. This		pister at 42CFR 483.70 (a) Health Care Section of the LSC and its referenced building was Type II (000), d and housed 89 beds. On the sus was 83.					×.	
K 012 SS=D	Are NF Bu	as follows: PA 101 LIFE S.	etermined during the survey  AFETY CODE STANDARD  ion type and height meets one 9.1.6.2, 19.1.6.3, 19.1.6.4,	K	012	4) How will the corrective action by Accomplished for those residen found to have been affected by Deficient practice?  The Director of Maintenance wing The findings of the monthly over to the Performance Improvement.	ill present		
	Ba du fac co inc Ap 24 en de	nis STANDARD is not met as evidenced by: ased upon observation and staff interview wing the survey, it was determined that the cility failed to provide a fully protected type of instruction in the building. The findings cuded:  peroximately at 3:15 PM, it was observed that the 20' combustible overhang located at the front intrance did not have sprinkler coverage. This architecture is a server of the				monthly for three consecutive me The Performance Improvement consisting of the Executive Dire Medical Director, Business Offic Development Coordinator, Word Director of Medical Records, Director of Environmental Servic Of Maintenance, Director of Soc Director of Human Resources, Director of Human Resources, Director of Food and Nutrition Society of Food and Nutrition Society of Admissions/Marketing the findings and make recommendevelop plans of action if any are be non-compliant.	conths. Committee ctor, ce Manager, Sta und Care Nurse, ce, Director cial Services, birector of Rehat Director of Nurse ervices, and ng will review dations and	<b>.</b>	
K 052 SS=D	' ma	ntenance staff PA 101 LIFE S	f at the time of discovery SAFETY CODE STANDARD		052			(X6) DATE	
LABORATO	RY DIF	CTOR'S OR PRO	IDER/SUPPLIER REPRESENTATIVE'S SIG	GNATUR	E	TITLE	-	1-11-	

Any deficiency statement ending with expasterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: I5OZ21

Facility ID: TN7202

If continuation sheet Page 2014

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/14/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DE AND PLAN OF CORE		CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
			445494	B. WI	MNG		_	02/28/2012		
NAME OF PROVIDE		OR SUPPLIER TER OF RHEA COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 7824 RHEA COUNTY HWY DAYTON, TN 37321					
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			LD BE	(X5) COMPLETION DATE	
	This lt was intended a sever the test this control of the control	standard tested, and alfebra 70 National he system has a sesting program of tements of NFPA system according to the system according ical Code and Ni Code in terms of the system according included:  Eximately at 4:00 in records and into records and into indicated that sted on 12/30 /1 al smoke detectors.  Deficient practice in the system accords and into indicated that sted on 12/30 /1 al smoke detectors.	equired for life safety is maintained in accordance at Electrical Code and NFPA in approved maintenance complying with applicable a 70 and 72. 9.6.1.4  To and 72. 9.6.1.4	К	052		or those residents een affected by actice?  To tested the fire: 12, including factor. The system has resting program or frequency.  The system has resting program or frequency.	alarm ility a in lents d d d cen? ofirmed 2 that the facility no ace you make ces e alarm	3/23/12 3/23/12	

## PRINTED. VOIDOIZUIZ FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING 445494 02/28/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7824 RHEA COUNTY HWY LIFE CARE CENTER OF RHEA COUNTY DAYTON, TN 37321 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE EGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 052 | Continued From page 1 K 052 A fire alarm system required for life safety is How will the corrective action be installed, tested, and maintained in accordance accomplished for those residents with NFPA 70 National Electrical Code and NFPA found to have been affected by the 72. The system has an approved maintenance deficient practice? and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 The Director of Maintenance will present The findings of the annual fire alarm system And smoke detector test to the Performance Improvement Committee monthly for three consecutive months. The Performance Improvement Committee consisting of the Executive Director, Medical Director, Business Office Manager, Staff Development Coordinator, Wound Care Nurse, Director of Medical Records. Director of Environmental Service, Director This STANDARD is not met as evidenced by: Of Maintenance, Director of Social Services, It was determined by record review and staff Director of Human Resources, Director of Rehab interview that the facility failed to maintain the fire Services, Director of Activities, Director of Nursing alarm system according to NFPA 70, National Director of Food and Nutrition Services, and Electrical Code and NFPA 72, National Fire Director of Admissions/Marketing will review Alarm Code in terms of frequency of testing. The the findings and make recommendations and develop plans of action if any areas are noted to findings included: be non-compliant. 3/23/12 Approximately at 4:00 PM, review of the safety system records and interview of the Maintenance Director indicated that the fire alarm system was last tested on 12/30 /11. It was also observed that several smoke detectors were not checked during

of discovery.

This deficient practice affected 5 residents.

This was verified with maintence staff at the time